

POSITION	INITIALS	IC NO.	DATE
FEE DETERMINATION	<i>AS</i>		<i>12/12/94</i>
O.I.P.E. CLASSIFIER		<i>8</i>	<i>12-799</i>
FORMALITY REVIEW	<i>J.S.</i>	<i>69134</i>	<i>12-22-99</i>

INDEX OF CLAIMS

✓	..... Rejected	N	..... Non-elected
□	..... Allowed	I	..... Interference
—	(Through numeral)..... Canceled	A	..... Appeal
+	..... Restricted	O	..... Objected

Claim	Date			
Final	Original			
1	2	9	3	8/14/93
2	✓	✓	✓	✓
3	✓	✓	✓	✓
4	✓	✓	✓	✓
5	✓	✓	✓	✓
6	✓	✓	✓	✓
7	✓	✓	✓	✓
8	✓	✓	✓	✓
9	✓	✓	✓	✓
10	✓	✓	✓	✓
11	✓	✓	✓	✓
12	✓	✓	✓	✓
13	✓	✓	✓	✓
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42	✓	✓	✓	✓
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Claim	Date			
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If more than 150 claims or 10 actions  
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